PART B - FEE(S) TRANSMITTAL C.

01 2006 m	this form, together w		or I	Fax	Commissioner fo P.O. Box 1450 Alexandria, Virgi (571)-273-2885	r Patents inia 22313-1450	should be completed where
	rrespondence including the below or directed otherwise is. E ADDRESS (Note: Use Block 1 for		ders and notifical specifying a	cation new co	of maintenance fees vorrespondence address; Note: A certificate of	vill be mailed to the curren and/or (b) indicating a ser mailing can only be used f	should be completed where it correspondence address as parate "FEE ADDRESS" for for domestic mailings of the
22851 7590 02/21/2006					Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
DELPHI TECHNOLOGIES, INC. M/C 480-410-202 PO BOX 5052					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
TROY, MI 48007 05/03/2006 CCHAU2 00000022 500831 10767988					SUSAN BS, Sha in Depositor's name) (Signature)		
01 FC:1501 1400.00 DA 02 FC:8001 6.00 DA 03 FC:1504 300.00 DA					- Nu	5	(Signature)
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENT		ror	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,988 TITLE OF INVENTION: L.	01/29/2004 INEAR TRACKING COLU	MN MODULE	Richard K.	Riefe		DP-309068-1 (60408-411)	5335
APPLN. TYPE	SMALL ENTITY	ISSUE FI			BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	onprovisional NO \$1400		\$300		\$1700	05/22/2006	
EXAMINER A		ART UN	UNIT CL		ASS-SUBCLASS		
WEBB, TIFFANY LOUISE 3616 280-777000							
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or					ap to 3 registered patent attorneys matively, single firm (having as a member a zor agent) and the names of up to a tattorneys or agents. If no name is all be printed. 2 3 or type)		
				_	_		document has been filed for
(A) NAME OF ASSIGN	EE JOLOGIES, INC.		(B) RESIDENC	CE: (C	ITY and STATE OR C	OUNTRY)	
DELPHI TECHNOLOGIES, INC.					TROY, MICHIGAN		
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the pate	ent) :	☐ Individual ☐ Co	rporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed: Save Fee							
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See 3	,	□ b		1	I CAPTITAL A 22.0	NED 1 22()(2)
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco						L ENTITY status. See 37 C v paid issue fee to the applicatered attorney or agent; or t	
Authorized Signature Succession Constitution of the Constitution o					Date _ 5-(-06		
Typed or printed name <	Susan 6	rishao			Registration N	0	
This collection of informatio an application. Confidentiali submitting the completed ap	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C.	11. The information 122 and 37 CFR 1	n is required to o	obtain	or retain a benefit by the estimated to take 12 n	ne public which is to file (an ninutes to complete, including	d by the USPTO to process) ng gathering, preparing, and

substituting the completed application form to the USF10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.